FORM B10 (Official Form 10) (4/01)

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United States Bankruptcy Court SOUTHERN	DISTRICT OF	FLORIDA	PROOF OF CLAIM
Name of Debtor	Case Number		
Tele King Communications Corporation	04-14447-	BKC-RAM	
NOTE: This form should not be used to make a claim for an administration of the case. A "request" for payment of an administrative expense may be	ive expense arising	after the commencemen	800
Name of Creditor (The person or other entity to whom the debtor owes		f you are aware that	
money or property):	anyone else	has filed a proof of	1 12 6
BELLSOUTH TELECOMMUNICATIONS, INC	claim relatin	ng to your claim. Attach ement giving	
Name and address where notices should be sent:	particulars.		M 28
	Check box	If you have never y notices from the	
REGIONAL BANKRUPTCY CENTER 29EF1-301 W. BAY STREET	bankruptcy	court in this case.	Cent B Can
JACKSONVILLE, FLORIDA 32202	from the add	f the address differs dress on the envelope	Brechine Bre
Telephone number: (800) 676-9304	sent to you	by the court.	
Account or other number by which creditor identifies debtor:	Classic		THIS SPACE IS FOR COURT USE ONLY
See Attached	Check here if this claim	replaces	The same of the sa
	in uns claim	a previousi amends	y filed claim, dated:
1. Basis for Claim		<i>G</i> :	
Goods sold	Ketiree t	penefits as defined	l in 11 U.S.C. § 1114(a)
Services performed	Vour CC	saiaires, and comp	pensation (fill out below)
Money loaned		#:	
☐ Personal injury/wrongful death☐ Taxes	Unpaid	compensation for	services performed
Other Telephone Services & Assoc. Billing	from _	(date)	_ to
2 Date debt was in sured a CHT/O	3 If court is	<u> </u>	(date)
2. Date debt was incurred: 5/1//04			
2. Date debt was incurred: 5/17/04	3. Il court j	udgment, date ob	ctaineg:
4. Total Amount of Claim at Time Case Filed:	\$ 19.526.7	3	cained:
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority all	\$ 19,526.7	S or 6 halam	
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